NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Social Services
NOTICE OF ELIGIBILITY, DENIAL OR PENDING STATUS

Date _____

Case Number _____

Name _____

❏ Because you need food stamps benefits right away, we postponed asking you to give us certain information. We now need you to bring or mail in the following information:

Address _____

We're writing to tell you about the action we've taken on your food stamp case. We've explained our action next to the box(es) marked

_____

_____

❏ You'll receive food stamp benefits during the month(s) of:

_____

Further benefits will not be issued until you provide the information we asked for in the space above. If the information results in a change in your eligibility or level of benefits, we will act on those changes without giving you advance notice. If you do not provide the information we asked for by the end of the month after the month you applied for food stamps, we will close your case without further notice

The first month you'll receive _____ which covers

the month(s) of: _____

After this first month you'll receive _____

_____

❏ Your application has not been approved because: _____

_____

You can have a fair hearing of your case if you do not agree with our decision. You must request a hearing no later than _____

_____. In addition, if you have been certified, you can request a hearing at any time to dispute your current level of benefits. To request a fair hearing call the food stamp office at

_____

❏ You didn't do everything required for us to find out if you are eligible for food stamps. Here's what you still need to do:

_____

_____

or fill out and return the form below. You can also call this number if you want to know more about how a fair hearing works. Free legal advice is available. Contact your nearest Legal Services office.

If you do this by _____
you won't have to reapply.

Sincerely,

If you want a fair hearing, fill out this form, tear it off, and mail to:

_____
Name of person requesting hearing

_____
Address

_____
Telephone number where you can be reached

_____
Your Signature   Today's Date

_____
Use this space to tell us why you want a fair hearing

For office use only

Case number	Case Worker	Date notice sent	Date request received

Action Taken on Your Food Stamp Case

DSS-8551 (Rev.02/98)
Economic Independence